

<b>CLAIMS ONLY</b>								Application Number 10-664404		Filing Date
								Applicant(s)		
<b>* May be used for additional claims or amendments</b>										
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*	*
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
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Total Indep	2									
Total Depend	62									
Total Claims	64									
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